TORONTO STAR

The Third Act

Are you going to die alone? Be a burden to your family? In New York they do aging better. Why is Ontario missing the obvious?

They can form organically. And "Naturally Occurring Retirement Communities" — with supports — can help seniors stay at home and thrive.

By **Moira Welsh** Staff Reporter
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JOIN THE CONVERSATION (15)

How do you want to spend the final years of your life? This is the focus of The Third Act, an ongoing series the Star is producing in collaboration with Toronto Metropolitan University and the National Institute on Ageing. It will challenge governments, institutions and individuals to reframe our later years as a time when older adults can flourish and contribute, instead of being left to face decline and dependency.

Gert Hartmann's hands are shaking.

She's standing by a bed in her modern country bungalow, in a spare room with white walls, looking down at her father.

He is lying in wait, his face clenched.

Born in Transylvania in 1924, the longtime fire inspector at the University of Waterloo and perpetual fast walker is working hard for these, his final months.

So is Gert.

In his 99th year, her father is so skinny, and, like most patients officially deemed palliative by Ontario's home-care system, too fragile to move on his own.

That has been the hardest change to accept. Martin Hartmann spent his life in motion, walking to work, walking when he lived alone in a condo and, later, walking (with a walker) near Gert's house, where neighbours would stop him, to say hello.

Gert's sister, Jinni, stands on the opposite side of the black metal bed.

The father and his daughters usually share the same wryish grin, but right now they're locked in the moment as Gert counts down ... three, two, one.

Jinni and Gert grip the white flannel bed sheet under Martin and lift it like an ambulance stretcher, pulling him toward the headboard. Gert passes her side of the sheet to Jinni, the stronger sister, who tucks it around Martin and rolls him onto one side, placing a pillow at his back. It's an act mastered by personal support workers, who call it repositioning, meant to avoid pressure ulcers.

For two daughters with no outside help, it isn't so easy. The look of pain on her father's face is imprinted in Gert's memory.

"He grimaced," Gert says as she recalls the moment, "and there was so much tension in his face and body, I felt like I had let him down, that I was hurting him."

Gert's voice is strong until it's not. She wouldn't erase the past two years, but the experience has taken as much as she could give.

"I used to describe it as death by a thousand cuts. I am so happy I had this time with my dad ... But it wears you down. It really wears you down. There are days when you become resentful. There are other days where you feel guilty. 'How didn't I see this coming?' And 'why is he in pain?' And, 'I shouldn't have done this.'

"And then you have those joyous moments where he shares something with you that you never knew before and it's, 'Oh my God, how cool is that?' Or when we were talking about transitioning him to hospice and we had the conversation prior to, and when he looked at me and he looked at my sister and goes, 'I'll really miss not being here with Gert.' And that makes everything OK, because you realize you've done the right thing."

For many Canadians, this is how decline and, eventually, death will come. Some will die alone and lonely, the greatest fear. Others will drag exhausted family into their demise. Many will grow fragile long before their time and end up in an institution, if there is a bed for them.

As Canadians grow ever older, provincial health care, in Ontario at least, has been making headlines for capped wages, staff shortages, emergency department closures and Premier Doug Ford's "More Beds, Better Care Act," which, with consent, can send aged, extended-stay hospital patients to nursing homes as far as 70 kilometres away in southern Ontario, or allow hospitals to charge daily fees.

The Third Act of our lives is the focus of a new, extended series the Star is producing with Toronto Metropolitan University and the National Institute on Ageing, exploring real-world solutions that could make a genuine difference to Canadians as they age.

If Frank lived in Canada, odds are he'd be in a nursing home.

He takes five pills each day, at different times. He uses a wheelchair, has congestive heart failure and significant cognitive decline.

Yet here he is, happily relaxing in his plush maroon recliner beside the window of his two-bedroom apartment in the Morningside Gardens Co-operative. This multigenerational community of six brick highrises and 980 residents near Columbia University in Manhattan has been home to Frank and his wife, Dana Minaya, for 38 years.

In New York City, the municipal and state governments concluded decades ago that it is cheaper and healthier to help older adults age in place by funding NORCs-with-supports.

"NORC" is short for "Naturally Occurring Retirement Community" and the "supports" are the health-care and social or education programs that began in 1986 at a housing co-op in Chelsea, spreading across the state, where they now help 17,000 older adults live — and eventually die — at home.

In the comfort of his home, Frank has had an echocardiogram, a foot X-ray and an eye exam.

They are part of the supports organized by the nurses and social workers by the onsite not-for-profit Morningside Retirement and Health Services. While those visits are often made by local medical professionals, it's the MRHS staff who make the connections and, for those who need it, arrange appointments or follow up with next steps.

With residents' permission at Morningside, nurses query family doctors about health issues and, later, translate medical-speak. They teach residents how to manage diabetes, hypertension, fragility, weight loss, cognitive decline or COVID. And while NORC nurses cannot duplicate state-funded hands-on care, such as changing dressings on bedsores, they help with other significant tasks, such as medication organization: when to take each pill, by time and day.

“Getting older, that is fascinating,” Frank says.

Social visits with NORC residents are meant to be friendly chats, but they’re also a time for observing.

When MRHS social worker Joanna Stolove is invited into a home, she might peek inside the refrigerator to check out the supply of food or its nutritional worth. Sometimes she organizes grocery shopping services, covered by MRHS, or helps residents find housecleaners.

These connections, in homes, exercise classes or NORC office space, all build trust. The people who live here aren’t required to seek NORC services but a few wise words on retirement planning with a curious resident in their 60s can lead to calls for medical advice in their 70s and, by the time that person turns 80, the relationship is secure.

Years of conversations led to a confession of sorts from a 90-something woman who told Stolove that, on a recent evening, her husband was too weak to get up from the kitchen table. Unable to carry him, she devised a solution by covering the placemats with bedroom pillows. In chairs from a dining set built in the 1970s, the husband and wife lay their heads on the table to sleep.

The next morning the home-care worker arrived as scheduled and encountering this unexpected tableau, helped the husband to bed. It took gentle convincing, but Stolove says his wife accepted the need for state-funded hospice care, which offers intensive home-care support. He later died, at home.

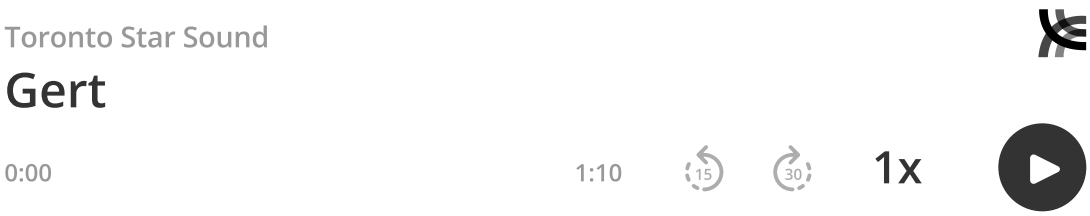
It was Stolove who recognized that Dana was struggling to manage Frank’s fragility and stay healthy herself. Dana realized it too. So did her stepson, who told her to get help.

Last February, at age 63, Gert left her job as business development manager at the Schlegel UW Research Institute for Aging to care for her father, two years after moving him out of his Waterloo retirement condo and into her bungalow 30 minutes away.

It was the pandemic that prompted Martin's move. As COVID hit in March 2020 and older adults in group settings faced lockdown, Gert and her siblings decided their dad should be safely wrapped within the family. And while health-care officials suggested that Martin's weekly home-care visits wouldn't follow him to Gert's rural community, in a different service area, Gert believed she could manage.

"It was probably a year into this I realized that I was burning the candle at both ends and, as I described it when I retired, I said, 'I feel like I'm failing everything. I'm failing my job. I'm failing my dad and I'm failing myself, and I'm failing my partner."

Listen to Gert talk about her caretaking experience



In July of this year, Martin started choking on his food, even though Gert steamed and puréed it with a fork. She asked the home-care nurse to refer him to a hospice but was told he wasn't ready. Gert started writing down the events of the day.

On July 19, Martin inhaled food into his airway, choking and choking.

"It was terrible to watch," she says. "I felt helpless, frightened."

An emergency nurse quickly arrived and, placing a port into Martin's arm, injected him with hydromorphone, a relaxant and pain reliever. Promising to return the next day, the nurse left behind loaded syringes, telling Gert how and when to inject the drug into the port, the small thin tube connected to Martin's vein. Gert asked if Martin could be referred to hospice care and the nurse promised to speak to Martin's palliative doctor. Gert liked her.

Over the next 10 days or so, Martin didn't leave his bed. He mostly stopped eating. Gert asked for hospice care again.

Finally, on Aug. 1, another nurse arrived and did a fresh assessment. The next morning, Gert got a call saying that her father had been accepted into the hospice. A private ambulance was on its way, at a cost of $175.

Martin arrived before noon, in a room that opened to a garden of wildflowers. When his children gathered, it was "the greatest gift ever," Gert says.

"It allowed my sister and I to be his daughters and not his care partners, and it allowed all of us not to stress and wonder what we were doing wrong or what was to come next in those final hours, because we were surrounded by health-care professionals who would guide us through and take care of his medical needs so we could just be his kids."

Ten and a half hours later, Martin died.

Gert is still raw when talking about her father's final days, although the past two years have given her some grim perspective on what lies ahead.

In a time when longevity is on the rise, a great many older adults will soon be seeking an answer to the question that now occupies Gert's thoughts about her own future, having stood witness to the road her father travelled: "What is going to happen to me?"

Every Friday at 4 p.m., a social worker takes the elevator to the 14th floor of a nearby building for a visit with Frank, a man with stories to tell.

When the worker steps inside the Minaya apartment, bursting with greenery from Dana's plants, she greets the man known in these parts as a community leader, the volunteer photographer who, until his unexpectedly rapid decline, captured neighbourly moments etched in beautiful light.

As a young New Yorker in the early 1960s, Frank Minaya fell in love with the Bahamas.

He bought a languishing Nassau nightclub, renamed it The Banana Boat and, with his megawatt smile, created a social scene, hobnobbing around town with the likes of Sidney Poitier and Harry Belafonte.

During the day, he worked with local sports clubs, sponsoring youth baseball or cricket teams while at night, his house band, The Upsetters, played to an ever-growing crowd of Bahamian senators, authors and fashionistas.

Always thinking ahead, Frank decided to make a feature-length film about the hijinks of an American who discovers he inherited a nightclub, called The Banana Boat. The local paper declared the full-length feature film "a real swinger!" starring Milton Berle's sister, Rosalind, as the nightclub owner's wife, along with local actors.

"Banana Boat Beat" got great press, Frank recalled, after he and Poitier sang the song "Amen" from the movie "Lilies of the Field" and led the crowd outdoors in a Bahamian street parade. Apparently, it made the Saturday Evening Post. "The publicity," Frank wrote, "was priceless!"

Those were heady days. Poitier's earlier role in "Lilies of the Field" led to his 1962 Best Actor Oscar.

Eventually, New York called and with two master's degrees, Frank returned to his career as an educator, watching from afar as Bahamians celebrated memories of the club with the annual Banana Boat Reunion. On its 25th anniversary, Frank wrote a piece published in the reunion committee newsletter, celebrating the friendships, the nightclub and the movie.

As it does, time passes. Poitier died last January, at 94.

Frank, now 89, is still going.

Dana is tall like her husband and walks with a cane. The 78-year-old has a doctorate in education, volunteered in the Peace Corps and while living in Ghana was hired to teach in a New York City middle school, where she met Frank when they worked as greeters, one hour a week, at the main entrance.

Dana was drawn to Frank's artistry. He was always rearranging the front-door bulletin board with photographs he made of students, images that enabled Black children to see the possibilities that Frank saw in them. She loved his energy. "He let nothing stop his

creativity," she'd say. "He was always making what I deemed impossible possible."

The first time Frank saw Dana he thought she looked like Veronica Lake, the 1940s movie star with long, wavy blond hair. In less than 30 seconds of conversation Frank realized that Dana was also a highly intelligent woman and as he would learn over time,

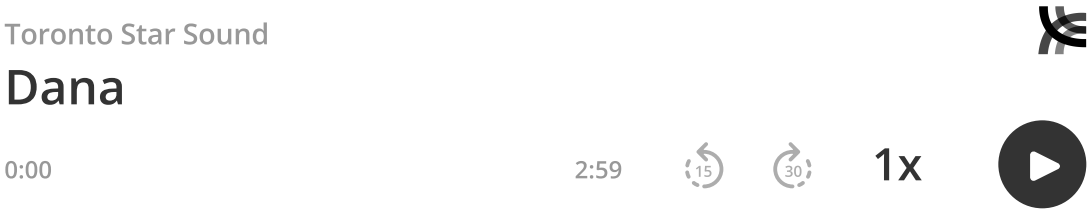
prone to kindness. They came from different backgrounds, he'd say, but shared similar experiences through an exploration of new cultures, in Ghana or the Bahamas.

Fifty years later, the NORC social workers initiated a complex financial process that kept Dana and Frank together.

They helped Dana with personal finance transfers and the near-impenetrable paperwork that officially qualified Frank for Medicaid's home-care services, which, in the state of New York, pays for a lot of care hours. Frank now has two workers who come on different days, seven days a week, from 8 a.m. to 6 p.m. Unlike government-funded home care in Ontario, the same worker shows up. On time. Every day.

And while Dana says she'll do everything in her power to keep Frank out of an institution, this daylong support gives her the freedom to not just exist but thrive.

Listen to Dana talk about her experience at Morningside



She's a leader on the Morningside co-op garden committee, attends two book clubs and a climate action committee at her church and through MRHS, attends twice-monthly caregiver support groups ("we have a lot of suggestions for each other"), a foreign policy discussion group and five exercise classes each week that focus on core strengthening, cardio and yoga, with deep, relaxing breathing.

Imagine.

It is not hyperbole to say that in Ontario, husbands and wives are going it alone, caring for a fragile spouse as their own health cascades downward. Or stepping up for grandparents and parents while raising children and working full time. Even with an hour or three each day of not-so-reliable home care, that personal house of cards can buckle.

After the two years caring for her father, Gert Hartmann has a theory. The system is broken because nobody wants to talk about growing old, and ignoring it gives governments a pass.

"We no longer support, embrace or celebrate the journey of aging or death," she says.

"We live in a society that stigmatizes aging and we're all fearful of it. But it's a very slow decline. You have to realize that you're not invincible and you're not young and yes, this will in some shape or form affect us all."

A Naturally Occurring Retirement Community is a building, neighbourhood or region that, without intention, is home to a significant number of older adults.

Some use the age of 50 or 65 as a threshold. New York state settled on 60. The necessary proportion of older adults in the intergenerational mix could be 30 per cent or higher. That percentage could change if there's an influx of students or young families.

But based on Statistics Canada's conservative projection that shows the number of Canadians 65 and older will rise from seven million in 2021 to nearly 12 million by 2051, the growth of NORCs is on an upward arc. That includes the potentially more fragile group, 85 and older, whose numbers are expected to rise from 871,000 in 2021 to as many as three million by 2050.

The point is a "NORC" on its own is a simple description of demographics.

A much different entity is the NORC-SSP, the "supportive service program" as New York state calls it, that co-ordinates health care, social, exercise and educational activities to ensure older adults age in place or, as some prefer, "flourish in place." And while many in the sector casually refer to the "SSP" programs as NORCs, it doesn't hurt to know the difference.

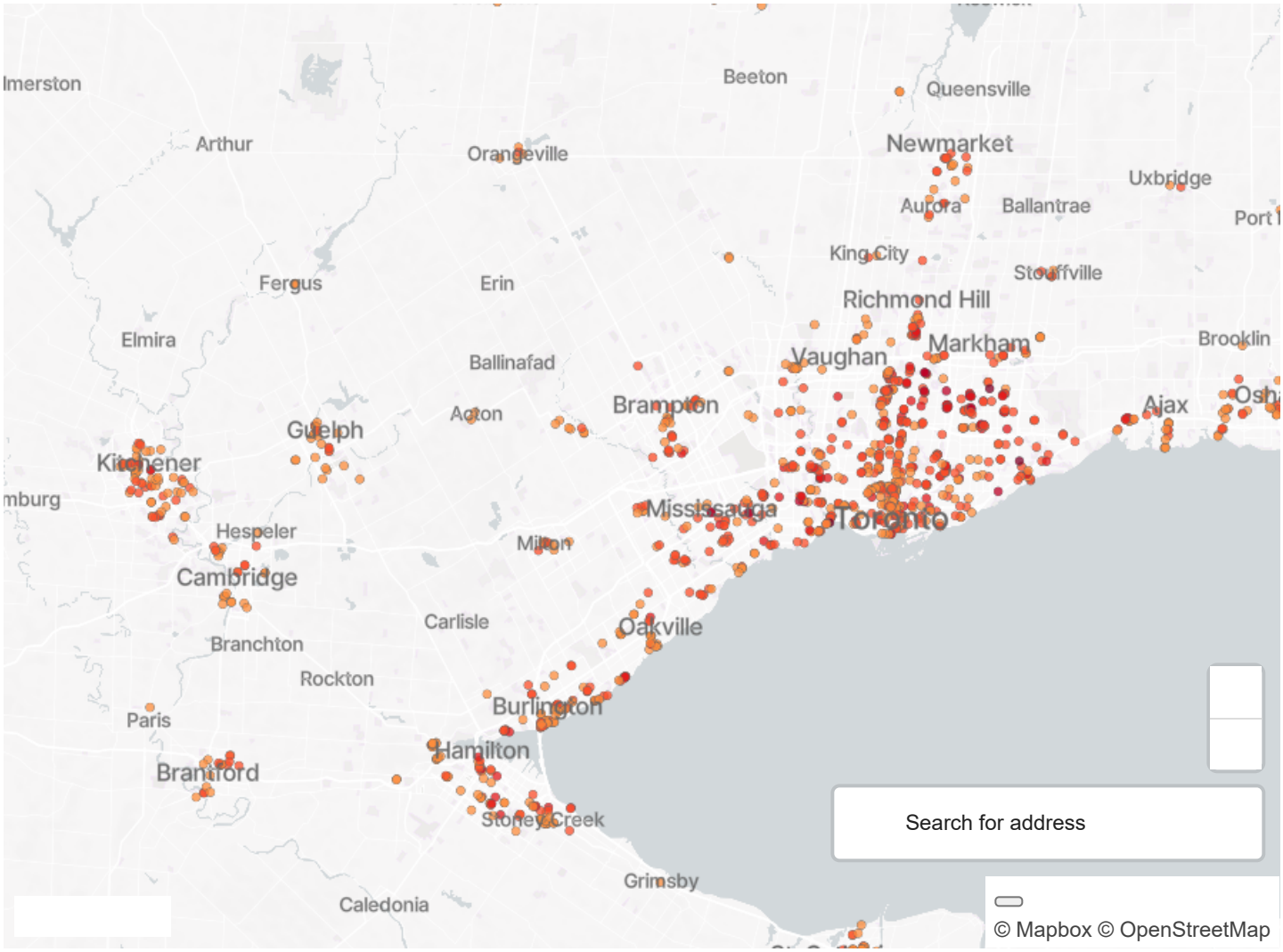
All it takes is a look at postal code data to see the potential for NORCs-with-supports to help aging Canadians live well at home, improving lives while alleviating the demand on hospitals and long-term care.

In Ontario, 1,941 buildings — condos, apartments, co-ops and social housing units — are home to a high number of older adults with at least 30 per cent over 65, according to a white paper from the Toronto Metropolitan University's National Institute on Ageing (NIA) and the University Health Network's NORC Innovation Centre (NIC) and OpenLab.

Where the NORCs are

Buidings across Ontario with at least 30% of residents 65+ and at least 50 seniors.

on the map for details.



Number of seniors 65+

100 200 300 400

SOURCE: UHN OPENLAB TORONTO STAR GRAPHIC

Called "It's Time to Unleash the Power of Naturally Occurring Retirement Communities in Canada," the paper calls for a national NORC strategy and dedicated funding from all levels of government to help communities develop and operate NORC programs.

If governments pushed for NORCs with supportive service programs, many of the current stresses on the health-care system would be alleviated, says Dr. Samir Sinha, who leads NIA's health policy research and is director of geriatrics for Sinai Health and UHN.

"Given the role that NORCs and NORC-based programs could play to significantly enable ageing in the right place for hundreds of

thousands of older Canadians, a National Strategy that pushes governments, housing providers and citizens to make these a reality is key to the sustainability of Canada's health-care system," Sinha says.

The white paper cites the UHN's NIC-OpenLab analysis of Toronto postal code data, with 489 residential buildings that meet the demographic definition of a NORC, creating prime locations for social and health programs, all unified under one service provider.

More than 30,300 of those residents have reached their 80th birthday. All told, the number of adults in Toronto NORCs 65 and older is 70,000. Ontario-wide, it's 217,000.

That's a lot of people living in a concentrated setting who would benefit from the health care, social connections, peer volunteering and in-home supports all co-ordinated by a NORC-SSP.

Instead, everyone waits.

As of Aug. 31, 39,857 Ontarians had their names on a list for a government-funded long-term-care bed.

It's a registry that few aspire to join since admission usually requires an inability to independently dress, use the washroom, shower or eat and often two or more chronic health conditions, like congestive heart failure or significant cognitive decline.

Every name on that wait list represents a vulnerable, struggling individual and more often than not, children, grandchildren or spouses trying to help with little outside support. Funded by successive governments, the shortage of staff and hours of care can hasten the decline of older spouses while family caregivers fail at work or home, with children and partners.

Those who live long enough to reach the top of that nursing-home list — and it can take years — will pay between $23,000 and $33,000 in annual co-pay fees for a basic, shared or private room, while the government's annual tab for each resident, according to the Ministry of Long-Term Care, is $96,000. Most of those nursing homes follow the old institutional philosophy of "care" with strict rules, little freedom of movement and large hospital-style units of 32 beds.

In Ontario, where government-funded home care has never been generous or reliable, the wait list for community support has nearly doubled since the pandemic began, and low-paid staff in challenging work conditions increasingly left the sector.

According to the Ministry of Health, 19,055 Ontarians were waiting for home care as of Sept. 3. Some have disabilities they were born with or acquired through life, others need help due to ill health or fragility. Most — 16,894 to be exact — were over 60.

These wait times raise the question: why is Ontario missing the obvious?

In the boroughs of New York City, SelfHelp Community Services is another agency with a strong focus on housing for older adults, although its work began in 1936, helping refugees of all ages who escaped Nazi persecution.

With a promise to help Holocaust survivors through their final years, SelfHelp now provides supports in four NORCs and identical social, health and education supports in 16 affordable housing buildings for seniors from all backgrounds. It was in these buildings that managers noticed a trend — most residents never left for nursing homes or other types of assisted living. They died at home.

Recognizing this tendency to age in place, SelfHelp's Mohini Mishra, vice-president of senior communities, created an Excel spreadsheet and began entering details taken from exit reports — the written reasons why someone left their apartment. Mishra concluded that less than two per cent of SelfHelp's older adult residents moved out for care with families or institutions.

That finding, admittedly anecdotal, led to funding from the JPMorgan Chase Institute for a deeper look at the health and hospital visits of SelfHelp residents — most 80 and older — who lived in affordable housing. And, Mishra says, since the 1,400 affordable housing residents examined had the same supports as seniors living in SelfHelp's intergenerational NORCs, the findings could be applied to both types of housing.

Led by academics from Rutgers University and The Hastings Center, a "non-partisan non-profit" research institute, the 2018 white paper found that SelfHelp residents made fewer visits to hospital emergency departments and had lower hospital admissions.

The rate of hospitalization for SelfHelp residents using Medicare (U.S. government health-care insurance) was 51 per cent lower than the control group (in the same zip code) and 68 per cent lower in the same category for SelfHelp's low-income residents (who qualify for Medicaid).

SelfHelp residents beat their zip-code cohort in every category, with shorter, much cheaper hospital visits and a lower incidence of hospitalization for chronic conditions like lung diseases, congestive heart failure, arthritis or pneumonia.

Here is another comparison Mishra likes to make:

In New York state, where the government-funded Medicaid pays for the majority of nursing home residents, the annual long-term care costs for each person range from $96,000 (U.S.) a year in Central New York to $142,000 in Long Island.

Mishra says SelfHelp's annual costs for a social worker with "wraparound" health and support services in a 100-unit building range from $150,000 and $170,000 (U.S.).

"And with that I can keep 100 people out of institutions," says Mishra.

"If you do the math, it's a no-brainer."

At the Morningside Gardens NORC-SSP, nurses, home care and yoga keep Frank and Dana Minaya among friends, in the place they've called home since 1984. Those wraparound supports mean Frank can hang out in the lobby of his building, giving fist bumps to passersby and chatting in the garden with neighbours he's known for years. Those moments, along with NORC activities like the Arts and Minds sessions for people with cognitive decline, keep Frank connected to a world that welcomes him. Instead of being ostracized due to memory loss, Frank belongs. He still matters.

"They talk about people changing their personalities through cognitive decline," says Dana, "but he has been able to maintain that positive attitude and that really helped keep him here, where he feels at home and knows so many people.

"He can go sit outside and people will walk by and greet him. It's like a friendly little village in the middle of a big city," she says.

"It's an important environment. I've often said to people, I'm never leaving Gardens. They're going to have to carry me out in a casket because we're just so happy here."

Like all New York NORCs-with-supports, Morningside thrives as a partnership that includes multi-year government funding; the property manager's support; the co-ordinating service provider (MRHS); and participation by residents, many of whom, like the Minayas, have given time to their neighbours' wellbeing.

Both levels of government funding come with strings attached: they require buy-in from the building management to match a percentage of that money, or offer in-kind donations like rooms for nurses, offices, exercise or painting. Sometimes they do both.

At Morningside Gardens, the building management provides meeting rooms and contributes roughly $80,000 (U.S.) a year to the services, which works out to about $82 for each of the 980 apartments, says Ron Bruno, executive director of Morningside Retirement and Health Services.

Initially, extra costs could be a sticking point for property managers or owners who are new to NORCs, says Bruno, but their support is crucial.

“From NORC directors’ perspective, it makes eminent sense,” says Bruno. “Just looking at it pragmatically, it’s saving management tons of headaches.”

Bruno says building managers benefit from the NORC provider’s expertise if, for example, older residents stop paying rent or maintenance fees, because the agency will step in to find a solution. NORC-SSP staff can remind a resident to pay or help sort out their finances. “It saves the management from going the legal route,” he says.

“If there are odours coming from the apartment, we get notified and we’re happy to be notified so that we can investigate to see if there’s something we can do to resolve the issue, maybe the person is unable to keep up their apartment, or there is a hoarding issue. Maybe the person has just become too frail. We can help resolve it,” Bruno says.

“We have very few people leaving to move to a facility, to nursing homes or assisted living. We’re basically able to provide enough services on site. You know, we have many people who have (outside) 24-hour care in place, but we’re here to kind of support that and to monitor it,” he says.

“It also provides some stability to the community. Neighbors remain connected to each other.”

Since the state passed NORC legislation in 1996, it has seen a “significant return on investment” in reducing emergency department visits and hospitalization, says Roger Noyes, spokesperson for the New York State Office for the Aging. There are currently 41 NORC-SSPs in the state.

Actuarial projections from the National Institute on Ageing say the demand for family caregivers will jump 120 per cent from 2019, when 345,000 Canadian seniors needed unpaid care, to 770,000 in 2050.

Over the same period, the NIA report says there will be roughly 30 per cent fewer family members available to provide unpaid care. With spouses dying off and Canada's birth rate on the decline, a smaller number of adult children will increasingly shoulder caregiving responsibilities.

At the start of the pandemic, when Martin Hartmann moved from his condo to Gert's home in the village of Wellesley (30 kilometres southwest of Waterloo), he left behind three hours a week of home care, meant to help him avoid falls in the shower.

Gert says the home care in rural communities is stretched so thin that vulnerable older adults are unwittingly competing for hours, so she didn't apply.

"For us, it was always that piece that there's someone else out there who has no support. There's a 98-year-old out there living by himself who has no family."

It started out fine. Before she retired last February, Gert worked from home during COVID, carving out breaks to take her father for a 15-minute walk, or an afternoon snack. She would shut down her computer at 4:30 p.m. to make dinner and fire it up later for a few more hours of work before bed.

As Martin grew fragile he spent more time in bed, ringing a bell for help. "It evolved into me having to leave (Zoom) meetings," Gert says, "and people were well aware that when my camera went off, I was dealing with an issue. He needed constant attention.

"Looking at moms who have young children, there's that constant need to be engaged with them. You need to be mindful. You need to be watchful. It turned into that. And if it was a bad day, he would call me many more times because he would have chest pains and tremors, like a stroke but not a stroke because cognitively he could function, he could hear you.

"It was hand-holding. It was reassuring. It was making sure he was safe. It just became my job. I am so happy that I had this time with my dad. But it wears you down."

Like many daughters, sons and spouses of older adults who have churned through the health-care system, Gert has a dystopian view of the future.

“No one really has the will to deal with the issue. Not the politicians. Not the citizens. I honestly believe that we will continue to be reactive, as opposed to proactive, in trying to fix the system.

“It’s going to take a lot of work, and nobody wants to do it, including us.”

The National Institute on Ageing’s Dr. Sinha knows well the realities that await.

“We have no choice but to figure this out or there will be an immense amount of suffering,” Sinha says.

“Imagine a world where hospitals are turned into poorhouses and shelters. Where people get no care at home. Right now, anybody touched by issues related to aging and struggling for their independence quickly learns what a s---show it is.

“So, what does the future look like if we don’t act now? It will be the zombie apocalypse of aging.”

Dana and Frank Minaya stare at the painting.

It’s a sweeping scene of early colonization dominated by a powerful gender-fluid figure named Miss Chief Eagle Testickle, who stares back as she pulls new immigrants ashore, naked but for a flowing red scarf and black heels.

Projected onto a TV screen against the plain white walls of a NORC meeting room at Morningside, the painting created by Ontario-born Cree artist Kent Monkman is inspiration for today’s class of residents with cognitive decline, like Frank.

The Arts and Minds class welcomes spouses too, including Dana, who, as neighbour Lee Weinberg says, is known in these parts as a “pillar of the community.” Lee sees older women like Dana as role models. “She’s phenomenal,” Weinberg says.

It’s a Tuesday afternoon. Dana and Frank sit at the head of the table. Four other residents arrive and choose their seats. Each place has paper, brushes and watercolour paints because after the discussion on Monkman and Miss Chief Eagle Testickle, the powerful figure he created as an alter ego, everyone will produce a work of their own.

The onsite social worker wants to wait for the arrival of Mary, who often forgets the 2 p.m. start time. But class begins.

The Arts and Minds instructor tells the attendees that Monkman’s painting is called “Welcoming the Newcomers.” It was one of two Monkman works named “mistikôsiwak (Wooden Boat People)” commissioned by the Metropolitan Museum of Art, styled after

Monkman works named "Ishtikosiwak (Wooden Boat People)" commissioned by the Metropolitan Museum of Art, styled after 19th-century works but offering a much different historical perspective.

"One of my first impressions is that these Indigenous people were really welcoming," says Dana. "They were very giving, kind people."

One woman paints as the others speak, getting ahead of today's assignment, which is to create a picture inspired by Monkman's work. When it's time, Frank paints outlines of people standing over blue waves, with a sun in the top right corner. At the bottom of the page are the words "FRANK'S MOVIE."

The art teacher sets the paintings aside to dry and at 3 p.m., the session ends. Mary arrives.

As Dana waits for Frank and his attendant to return from the washroom she chats with Mary, who sits expectantly in her chair, while answering Dana's questions about her career. When the room is near-empty, Dana quietly tells her that the class has ended. Mary takes it well.

The health-care aide pushes Frank's wheelchair toward the art room and when Dana walks out to meet her husband, he beams, with that megawatt smile.

This article is part of an ongoing project in support of healthy aging that the Toronto Star is working on in partnership with the National Institute on Ageing and Toronto Metropolitan University.

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